



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

Lori Wrotenberg
Director
Oil Conservation Division

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

12576
KERSEY & CO
PO BOX 1248
FREDERICKSBURG, TX 78624

BEFORE THE OIL CONSERVATION DIVISION	
Case No.	12758-3
Subdivision	OCD
Hearing Date	3/26/02

Re: Current Status of Oil and Gas Wells

In May of this year, the Oil Conservation Division ("Division") sent a letter to you setting forth the Division's information on wells for which you are the operator of record. The letter requested a response with additional information. The Division has had no response to the letter. The Division presumes you agree with the information in the letter regarding your inactive wells.

The wells have not shown production or been reported on Form C-115 for more than one year. The wells are not in compliance with the Division's rules and the New Mexico Oil and Gas Act.

You are hereby directed to bring these wells into compliance within 60 days. In the alternative, within 30 days you may submit a compliance plan including a schedule of activities with dates.

Sincerely,

Chris Williams
District Supervisor

BEFORE EXAMINER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 9
CASE NO.	12758

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery 9-18-2000	
1. Article Addressed to: 12576 KERSEY & CO PO BOX 1248 FREDERICKSBURG, TX 78624		C. Signature x me Kersey <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7099 3220 0002 3944 1601			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
Article Sent To: KERSEY & Co	
Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98
<div style="float: right;"> </div>	
Name (Please Print Clearly) (To be completed by mailer) _____	
Street, Apt. No., or PO Box No. 1025 N. FRENCH DRIVE	
City, State, ZIP+4 HOBS NM 88240	
PS Form 3800, July 1999	
See Reverse for Instructions	